

FILED FEB 1 1950

THE DIVISION OF DEATHS  
STANDARD CERTIFICATE OF DEATH

State File No. 1825

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4338 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monroe City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monroe City</u> 0690	
c. LENGTH OF STAY (In this place) <u>5 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>111-3rd Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>111-3rd Street</u>		d. STREET ADDRESS (If rural, give location) <u>111-3rd Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLAUDIA</u> b. (Middle) <u>ADELA</u> c. (Last) <u>GREEVES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 25 1950</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>SEPTEMBER 27-1880</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>EGG Breaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Produce Company</u>		11. BIRTHPLACE (State or foreign country) <u>Rolls County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>James R. Greeves</u>	13b. MOTHER'S MAIDEN NAME <u>LUCENDA FISHER YERGER</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>474-22-6267</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Greves Moberly Mo</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>SUDDEN DEATH</u>  <u>3 3/4</u>  <u>10 YEARS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>HYPERTENSION</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN 24, 1950, to JAN 25, 1950, that I last saw the deceased alive on JAN 24, 1950, and that death occurred at 3 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>John H. Hobbs M.D.</u> (Degree or title)	23b. ADDRESS <u>Monroe City Mo</u>	23c. DATE SIGNED <u>Jan 26, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-29-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAKLAND Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rolls County Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-28-50</u>	REGISTRAR'S SIGNATURE <u>Anna M Burdick</u>	437	25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON &amp; SON</u> ADDRESS <u>Monroe City Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 28 1950

RECEIVED JAN 3 1  
District Health Officer  
District File Number 1-58  
Date Filed JAN 3 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by no

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Leslie L. Wilson  
Licensed Embalmer No. 3014

P. O. Address Monroe City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.